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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  7 P9 200 00 472 U  |  |   |                  |                      |                                  |                  |        |   |                        |         |                                 | 72 US/                 |
|--|--|---|------------------|----------------------|----------------------------------|------------------|--------|---|------------------------|---------|---------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                  |                      |                                  |                  |        | SMALL ENTITY TYPE                       |                        |         | OTHER THAN<br>OR . SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 70               |                      |                                  |                  | ſ      | RATE                                    | FEE                    |         | RATE                            | FEE                    |
| FOR  |  |   | NUMBER FILED     |                      | NUMBER EXTRA                     |                  |        | BASIC FEE                               | 355.00                 | OR      | BASIC FEE                       | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20) minus 20=    |                      |                                  |                  |        | X\$ 9=                                  |                        | OR      | X\$18=                          |                        |
| INDEPENDENT CLAIMS   |  |   | ~                | nus 3 =              | •                                |                  |        | X40=                                    |                        | OR      | X80=                            |                        |
| MUL  | TIPLE DEPEND                                   | ENT CLAIM PE                                | RESENT           |                      |                                  |                  |        | +135=                                   |                        | OR      | +270=                           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                  |                      |                                  |                  | ŀ      | TOTAL                                   |                        | OR      | TOTAL                           | 7/8                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                  |                      |                                  |                  |        | OTHER THAT SMALL ENTITY OR SMALL ENTITY |                        |         |                                 |                        |
| AMENDMENT A:   |  | CLAIMS<br>REMAINING<br>AFTER -<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI | IEST<br>IBER                     | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |         | RATE                            | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  |   | Minus            | **                   |                                  | =                |        | X\$ 9=                                  |                        | OR      | X\$18=                          |                        |
| MEN  | Independent                                    | •   | Minus            | ***                  |                                  | =                |        | X40=                                    |                        | OR      | X80=                            |                        |
|  | FIRST PRESEN                                   | NTATION OF M                                | ULTIPLE DEI      | PENDEN               | T CLAIM                          |                  |        | +135=                                   |                        | OR      | +270=                           |                        |
|  |  |   |                  |                      |                                  |                  |        | TOTAL                                   |                        | OR      | TOTAL<br>ADDIT. FEE             |                        |
|  |  | (Column 1)                                  |                  | (Colu                | ımn 2)                           | (Column 3)       |        | ADDIT. FEE                              |                        |         | Appli, FEE                      |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |         | RATE                            | ADDI-<br>TIONAL<br>FEE |
| ₩Q.  | Total  |   | Minus            | **                   |                                  | =                |        | X\$ 9=                                  |                        | OR      | X\$18=                          |                        |
| ME   | Independent                                    | *   | Minus            | ***                  |                                  | =                |        | X40=                                    |                        | OR      | X80=                            |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                      |                                  |                  |        | +135=                                   |                        | OR      | +270=                           |                        |
|  |  |   |                  |                      |                                  |                  |        | TOTA<br>ADDIT. FEI                      |                        | OR      | TOTAL<br>ADDIT. FEI             |                        |
|  |  | (Column 1)                                  |                  | (Coli                | umn 2)                           | (Column 3        |        |   |                        |         |                                 |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | HIG<br>NU<br>PRE\    | HEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |         | RATE                            | ADDI-<br>TIONAL<br>FEE |
|  | Total  |   | Minus            | **                   |                                  | =                |        | X\$ 9=                                  |                        | OR      | X\$18=                          |                        |
|  | Independent                                    | *   | Minus            | ***                  |                                  | =                | 1      | X40=                                    | 1                      | OR      | X80=                            |                        |
|  | FIRST PRESE                                    | NTATION OF I                                | MULTIPLE DE      | PENDE                | NT CLAII                         | М                |        | +135=                                   | 1                      | OR      |                                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate by |  |   |                  |                      |                                  |                  |        |   |                        | OR      | TOTA<br>ADDIT. FE               |                        |
|  | The "Highest Nur                               | mber Previously F                           | Paid For" (Total | or Indepe            | ndent) is t                      | ne nighest num   | Der 10 | ouna in the a                           | appropriate D          | ~ III C | with t.                         |                        |

Application or Docket Number